

# Optima POS DIRECT 2017 Plans

Richmond Only

## Small Groups with 2-50 employees

This chart only summarizes standard expenses. Exclusions and limitations apply. Additional benefits may be available.

Plan Name	Optima POS Gold 1800/25/30% Direct	Optima POS Equity Silver 3000/20% Direct	Optima POS Equity Bronze 6000/10% Direct
Deductible Ind/Family ( <i>In Network</i> )	\$1,800/\$3,600	\$3,000/\$6,000 Non-embedded	\$6,000/\$12,000
Deductible Ind/Family ( <i>Out of Network</i> )	\$4,000/\$8,000	\$6,000/\$12,000 Non-embedded	\$12,000/\$24,000
Max Out-of-Pocket Ind/Family ( <i>In Network</i> )	\$3,500/\$7,000	\$3,800/\$6,550 Non-embedded	\$6,550/\$13,100
Max Out-of-Pocket Ind/Family ( <i>Out of Network</i> )	\$7,000/\$14,000	\$7,600/\$15,200 Non-embedded	\$13,300/\$26,600
PCP Visit/Virtual Consult ( <i>In Network</i> )	Tier 1: \$25 Tier 2: \$50	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
PCP Visit/Virtual Consult ( <i>Out of Network</i> )	50% AD/AC	50% AD/AC	50% AD/AC
Specialist Visit ( <i>In Network</i> )	Tier 1: \$50 Tier 2: \$100	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Specialist Visit ( <i>Out of Network</i> )	50% AD/AC	50% AD/AC	50% AD/AC
Preventive Care ( <i>In Network</i> )	0%	0%	0%
Preventive Care ( <i>Out of Network</i> )	50% AD/AC	50% AD/AC	50% AD/AC
Outpatient Surgery ( <i>In Network</i> )	Tier 1: 30% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Outpatient Surgery ( <i>Out of Network</i> )	50% AD/AC	50% AD/AC	50% AD/AC
Inpatient Surgery ( <i>In Network</i> )	Tier 1: 30% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Inpatient Surgery ( <i>Out of Network</i> )	50% AD/AC	50% AD/AC	50% AD/AC
Emergency Department ( <i>In or Out of Network</i> )	30% AD	20% AD	10% AD
Urgent Care ( <i>In Network</i> )	\$50	20% AD	10% AD
Urgent Care ( <i>Out of Network</i> )	50% AD/AC	50% AD/AC	50% AD/AC
Pediatric Dental ( <i>In Network</i> )	30% AD	20% AD	10% AD
Pediatric Dental ( <i>Out of Network</i> )	50% AD/AC	50% AD/AC	50% AD/AC
Prescription Drug Coverage	Tier 1: \$10 Tier 2: \$40 Tier 3: 30% Tier 4: 30% (\$350 max)	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	MDA** Tier 1: 10% AD Tier 2: 10% AD Tier 3: 10% AD Tier 4: 10% AD (\$350 max)

AD = After Deductible \*Ded p/p = Deductible per person \*\*MDA = Medical Deductible Applies

Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company, Optima Health Group, Inc. and Sentara Health Plans, Inc. Optima Vantage HMO and POS plans are underwritten by Optima Health Plan. Optima Preferred Provider Organization (PPO) products are underwritten by Optima Health Insurance Company. All Optima Health plans have benefit exclusions and limitations and terms under which the policy may be continued in force or discontinued. Wellness and rewards programs are administered by Sentara Health Plans, Inc. and are not covered benefits under any Optima Health plan. Value added benefits are not covered benefits under any Optima Health plan. For costs and complete details of coverage, please call your broker or Optima Health at 1-800-745-1271 or visit [optimahealth.com](http://optimahealth.com).

# OptimaHMODIRECT 2017 Plans

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## Small Groups with 2-50 employees

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Plan Name	Optima Vantage Gold 1800/25/30% Direct	Optima Vantage Equity Silver 3000/20% Direct	Optima Vantage Equity Bronze 6000/10% Direct
Deductible Individual	\$1,800	\$3,000 Non-embedded	\$6,000
Deductible Family	\$3,600	\$6,000 Non-embedded	\$12,000
Max Out-of-Pocket Individual	\$3,500	\$3,800 Non-embedded	\$6,550
Max Out-of-Pocket Family	\$7,000	\$6,550 Non-embedded	\$13,100
PCP Visit/Virtual Consult (Tier 1)	\$25	20% AD	10% AD
PCP Visit/Virtual Consult (Tier 2)	\$50	50% AD	50% AD
Specialist Visit (Tier 1)	\$50	20% AD	10% AD
Specialist Visit (Tier 2)	\$100	50% AD	50% AD
Preventive Care	0%	0%	0%
Outpatient Surgery (Tier 1)	30% AD	20% AD	10% AD
Outpatient Surgery (Tier 2)	50% AD	50% AD	50% AD
Inpatient Surgery (Tier 1)	30% AD	20% AD	10% AD
Inpatient Surgery (Tier 2)	50% AD	50% AD	50% AD
Emergency Department	30% AD	20% AD	10% AD
Urgent Care	\$50	20% AD	10% AD
Pediatric Dental	30% AD	20% AD	10% AD
Prescription Drug Coverage	Tier 1: \$10 Tier 2: \$40 Tier 3: 30% Tier 4: 30% (\$350 max)	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	MDA** Tier 1: 10% AD Tier 2: 10% AD Tier 3: 10% AD Tier 4: 10% AD (\$350 max)

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